Senate



General Assembly

File No. 327

February Session, 2006

Substitute Senate Bill No. 164

Senate, April 4, 2006

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING PATIENT ACCESS TO PHYSICAL THERAPY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Subdivision (2) of section 20-66 of the general statutes is
- 2 repealed and the following is substituted in lieu thereof (Effective
- 3 October 1, 2006):
- 4 (2) "Physical therapy" means the evaluation and treatment of any 5
 - person by the employment of the effective properties of physical
- 6 measures, the performance of tests and measurements as an aid to
- 7 evaluation of function and the use of therapeutic exercises and
- 8 rehabilitative procedures, with or without assistive devices, for the
- 9 purpose of preventing, correcting or alleviating a physical or mental
- disability. [Physical therapy] "Physical therapy" includes 10
- 11 establishment and modification of physical therapy programs,
- 12 treatment planning, instruction, wellness care, peer review and
- 13 consultative services, [. The term "physical therapy"] but does not
- 14 include surgery, the prescribing of drugs, the development of a
- 15 medical diagnosis of disease, injury or illness, the use of cauterization

or the use of Roentgen rays or radium for diagnostic or therapeutic purposes.

- Sec. 2. Subdivision (2) of section 20-66 of the general statutes, as amended by section 12 of public act 00-226, is repealed and the following is substituted in lieu thereof (*Effective the later of October 1*, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner):
- 24 (2) "Physical therapy" means the evaluation and treatment of any 25 person by the employment of the effective properties of physical 26 measures, the performance of tests and measurements as an aid to 27 evaluation of function and the use of therapeutic exercises and 28 rehabilitative procedures, with or without assistive devices, for the 29 purpose of preventing, correcting or alleviating a physical or mental 30 disability. "Physical therapy" includes the establishment and 31 modification of physical therapy programs, treatment planning, 32 instruction, wellness care, peer review and consultative services, but 33 does not include surgery, the prescribing of drugs, the development of 34 a medical diagnosis of disease, injury or illness, the use of cauterization 35 or the use of Roentgen rays or radium for diagnostic or therapeutic 36 purposes.
- Sec. 3. Subdivision (2) of subsection (a) of section 20-73 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):
- 40 (2) (A) The treatment of human ailments by physical therapy shall 41 only be performed by a person licensed under the provisions of this 42 chapter as a physical therapist. Except as otherwise provided in 43 subparagraph (B) of this subdivision, such treatment may be 44 performed by a licensed physical therapist without an oral or written 45 referral by a person licensed in this state to practice medicine and 46 surgery, podiatry, natureopathy, chiropractic or dentistry, or an 47 advanced practice registered nurse licensed to prescribe in accordance 48 with section 20-94a or a physician assistant licensed to prescribe in

accordance with section 20-12d of the 2006 supplement to the general statutes, provided the licensed physical therapist (i) has practiced physical therapy for at least three out of the most recent six years of his or her clinical practice or earned a master's degree or higher in physical therapy from an accredited institution of higher education, (ii) requires any person receiving such treatment to disclose or affirmatively confirm the identity of such person's primary care provider or health care provider of record upon each initial visit for treatment without an oral or written referral, (iii) provides information to any person seeking such treatment regarding the need to consult with such person's primary care provider or health care provider of record regarding such person's underlying medical condition if the condition is prolonged, does not improve within a thirty-day period, or continues to require ongoing continuous treatment, and (iv) refers any person receiving such treatment to an appropriate licensed practitioner of the healing arts if, upon examination or reexamination, the same condition for which the person sought physical therapy does not demonstrate objective, measurable, functional improvement in a period of thirty consecutive days or at the end of six visits, whichever is earlier.

(B) In any case in which the licensed physical therapist (i) does not meet the standards set forth in subparagraph (A) of this subdivision for treatment without a referral, (ii) is required to perform a Grade V spinal manipulation and does not hold a doctorate level degree in physical therapy from an accredited institution of higher education, or have proof of completion of twenty-five hours of course work in Grade V spinal manipulation that meets the minimum standards established by the Physical Therapy Board of Examiners and three years of experience in such manipulation, or (iii) has actual knowledge that the condition for which treatment is being sought is connected to an injury arising out of and in the course of the patient's employment, such treatment shall only be performed upon the oral or written referral of a person licensed in this state or in a [bordering] state having licensing requirements meeting the [approval of] standards set by the Department of Public Health and the appropriate examining board in

this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, as amended. A licensed physical therapist shall not be deemed to be in violation of subparagraph (B)(iii) of this subdivision if, upon reasonable inquiry of the patient by such physical therapist into the nature and source of the patient's condition, the patient fails to disclose that such condition is connected to an injury that arose out of and in the course of the patient's employment. Nothing in this section shall prevent a physical therapist from providing wellness care within the scope of physical therapy practice to asymptomatic persons without a referral. Nothing in this section shall require an employer or insurer to pay for such wellness care. For purposes of this subdivision, "arising out of and in the course of the patient's employment" has the same meaning as "arising out of and in the course of his employment" in section 31-275 of the 2006 supplement to the general statutes.

Sec. 4. Subsection (b) of section 20-73 of the general statutes, as amended by section 15 of public act 00-226, is repealed and the following is substituted in lieu thereof (*Effective the later of October 1*, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner):

(b) (1) The treatment of human ailments by physical therapy shall only be performed by a person licensed under the provisions of this chapter as a physical therapist or physical therapist assistant. Except as otherwise provided in subdivision (2) of this subsection, such treatment may be performed by a licensed physical therapist without an oral or written referral by a person licensed in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d of the 2006 supplement to the general statutes, provided the licensed physical

118 therapist (A) has practiced physical therapy for at least three out of the 119 most recent six years of his or her clinical practice or earned a master's degree or higher in physical therapy from an accredited institution of 120 higher education, (B) requires any person receiving such treatment to 121 disclose or affirmatively confirm the identity of such person's primary 122 123 care provider or health care provider of record upon each initial visit 124 for treatment without an oral or written referral, (C) provides 125 information to any person seeking such treatment regarding the need 126 to consult with such person's primary care provider or health care 127 provider of record regarding such person's underlying medical condition if the condition is prolonged, does not improve within a 128 129 thirty-day period, or continues to require ongoing continuous treatment, and (D) refers any person receiving such treatment to an 130 appropriate licensed practitioner of the healing arts if, upon 131 132 examination or reexamination, the same condition for which the 133 person sought physical therapy does not demonstrate objective, measurable, functional improvement in a period of thirty consecutive 134 days or at the end of six visits, whichever is earlier. 135

(2) In any case in which the licensed physical therapist (A) does not meet the standards set forth in subdivision (1) of this subsection for treatment without a referral, (B) is required to perform a Grade V spinal manipulation and does not hold a doctorate level degree in physical therapy from an accredited institution of higher education, or have proof of completion of twenty-five hours of course work in Grade V spinal manipulation that meets the minimum standards established by the Physical Therapy Board of Examiners and three years of experience in such manipulation, or (C) has actual knowledge that the condition for which treatment is being sought is connected to an injury arising out of and in the course of the patient's employment, such treatment shall only be performed upon the oral or written referral of a person licensed in this state, or in a [bordering] state having licensing requirements meeting the [approval of] standards set by the Department of Public Health and the appropriate examining board in this state, to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse

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153 licensed to prescribe in accordance with section 20-94a or a physician 154 assistant licensed to prescribe in accordance with section 20-12d, as 155 amended. A licensed physical therapist shall not be deemed to be in violation of subparagraph (C) of this subdivision if, upon reasonable 156 157 inquiry of the patient by such physical therapist into the nature and 158 source of the patient's condition, the patient fails to disclose that such 159 condition is connected to an injury that arose out of and in the course of the patient's employment. Nothing in this section shall prevent a 160 161 physical therapist from providing wellness care within the scope of 162 physical therapy practice to asymptomatic persons without a referral. 163 Nothing in this section shall require an employer or insurer to pay for 164 such wellness care. For purposes of this subdivision, "arising out of 165 and in the course of the patient's employment" has the same meaning as "arising out of and in the course of his employment" in section 31-166 167 <u>275 of the 2006 supplement to the general statutes.</u>

- Sec. 5. Section 20-73a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):
- 170 (a) The Board of Examiners for Physical Therapists shall have 171 jurisdiction to hear all charges of conduct that fails to conform to the 172 accepted standards of the practice of physical therapy brought against 173 any person licensed as a physical therapist and, after holding a 174 hearing, written notice of which shall be given the person complained 175 of, said board, if it finds such person to be guilty, may revoke or 176 suspend such person's license or take any of the actions set forth in 177 section 19a-17. Any proceedings relative to such action may be begun 178 by the filing of written charges with the Commissioner of Public 179 Health. The causes for which such action may be taken are as follows: 180 (1) Conviction in a court of competent jurisdiction, either within or 181 without this state, of any crime in the practice of his <u>or her</u> profession; 182 (2) illegal, incompetent or negligent conduct in the practice of physical 183 therapy or in the supervision of a physical therapist assistant; (3) 184 aiding or abetting the unlawful practice of physical therapy; (4) 185 treating human ailments by physical therapy without the oral or 186 written referral by a person licensed in this state or in a [bordering]

state having licensing requirements meeting the approval of the appropriate examining board in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry if such referral is required pursuant to section 20-73, as amended by this act; (5) failure to register with the Department of Public Health as required by law; (6) fraud or deception in obtaining a license; (7) engaging in fraud or material deception in the course of professional services or activities; (8) failure to comply with the continuing education requirements of section 20-73b, as amended by this act; or (9) violation of any provision of this chapter, or any regulation adopted [hereunder] under this chapter.

(b) The clerk of any court in this state in which a person practicing physical therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the Department of Public Health, containing the name and address of the physical therapist, the crime of which he has been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with the regulations adopted by the Commissioner of Public Health. Any person aggrieved by a final decision of said board may appeal [therefrom] from the decision as provided in section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. The board may petition the superior court for the judicial district of Hartford to enforce any action taken pursuant to section 19a-17.

Sec. 6. Section 20-73a of the general statutes, as amended by section 16 of public act 00-226, is repealed and the following is substituted in lieu thereof (Effective the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner):

(a) The Board of Examiners for Physical Therapists shall have

jurisdiction to hear all charges of conduct that fails to conform to the accepted standards of the practice of physical therapy brought against any person licensed as a physical therapist or physical therapist assistant and, after holding a hearing, written notice of which shall be given to the person complained of, the board, if it finds such person to be guilty, may revoke or suspend such person's license or take any of the actions set forth in section 19a-17. Any proceedings relative to such action may be begun by the filing of written charges with the Commissioner of Public Health. The causes for which such action may be taken are as follows: (1) Conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of such person's profession; (2) illegal, incompetent or negligent conduct in the practice of physical therapy or in the supervision of a physical therapist assistant; (3) aiding or abetting the unlawful practice of physical therapy; (4) treating human ailments by physical therapy without the oral or written referral by a person licensed in this state or in a [bordering] state having licensing requirements meeting the approval of the appropriate examining board in this state to practice medicine and surgery, podiatry, nature opathy, chiropractic or dentistry if such referral is required pursuant to section 20-73, as amended by this act; (5) failure to register with the Department of Public Health as required by law; (6) fraud or deception in obtaining a license; (7) engaging in fraud or material deception in the course of professional services or activities; [or] (8) failure to comply with the continuing education requirements of section 20-73b, as amended by this act; or (9) violation of any provision of this chapter, or any regulation adopted under this chapter.

(b) The clerk of any court in this state in which a person practicing physical therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the Department of Public Health, containing the name and address of the physical therapist or physical therapist assistant, the crime of which the physical therapist or physical therapist assistant has been convicted and the date of conviction. The hearing on such charges shall

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255 be conducted in accordance with the regulations adopted by the 256 Commissioner of Public Health in accordance with chapter 54. Any 257 person aggrieved by a final decision of the board may appeal 258 [therefrom] from the decision as provided in section 4-183. Such appeal 259 shall have precedence over nonprivileged cases in respect to order of 260 trial. The Attorney General shall act as attorney in the public interest in 261 defending against such an appeal. The board may petition the superior 262 court for the judicial district of Hartford to enforce any action taken 263 pursuant to section 19a-17.

- Sec. 7. Section 20-73b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):
- (a) [Each] Except as otherwise provided in this section, each 266 267 physical therapist licensed pursuant to this chapter shall complete a 268 minimum of twenty hours of continuing education during each 269 registration period. For purposes of this section, registration period 270 means the twelve-month period for which a license has been renewed 271 in accordance with section 19a-88, as amended, and is current and 272 valid. The continuing education shall be in areas related to the 273 individual's practice. Qualifying continuing education activities 274 include, but are not limited to, courses offered or approved by the 275 Connecticut Physical Therapy Association.
 - (b) Each licensee shall obtain a certificate of completion from the provider of continuing education activities for all continuing education hours successfully completed. Each licensee shall maintain such written documentation for a minimum of three years following the license renewal date for which the activity satisfies continuing education requirements. Certificates of completion shall be submitted by the licensee to the Department of Public Health [upon the department's request] not later than forty-five days after a request by said department for such certificates. A licensee who fails to comply with the continuing education requirements may be subject to disciplinary action pursuant to section 20-73a, as amended by this act.
- 287 (c) The continuing education requirements shall be waived for

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licensees applying for licensure renewal for the first time. The department may, for a licensee who has a medical disability or illness, grant a waiver of the continuing education requirements [for a specific period of time or may grant the licensee an extension of time in which to fulfill the requirements, provided the licensee submits to the Department of Public Health an application for waiver or extension of time on a form prescribed by said department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by said department. The Department of Public Health may grant a waiver or extension for a period not to exceed one registration period, except that said department may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies to said department for an additional waiver or extension.

This act shal	l take effect as follows and	shall amend the following
sections:		
Section 1	October 1, 2006	20-66(2)
Sec. 2	the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and	20-66(2)
	physical therapist assistants is being implemented by the	
	commissioner	
Sec. 3	October 1, 2006	20-73(a)(2)

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Sec. 4	the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner	20-73(b)
Sec. 5	October 1, 2006	20-73a
Sec. 6	the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner	20-73a
Sec. 7	October 1, 2006	20-73b

Statement of Legislative Commissioners:

In subdivision (2)(A) of section 3 and subsection (b)(1) of section 4, the thirty-day or six visit time period for demonstrating improvement was rewritten for clarity.

PH Joint Favorable Subst.-LCO

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Public Health, Dept.	GF - Revenue	Potential	Potential
	Gain	Minimal	Minimal
Comptroller Misc. Accounts	GF - None	None	None
(Fringe Benefits)			

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 07 \$	FY 08 \$
Various Municipalities	Cost	See Below	See Below

Explanation

While the bill permits certain physical therapists to treat patients without physician referral, state employee health plans explicitly require either pre-authorization or a referral for physical therapy. Therefore, no fiscal impact to the state as an employer will result from passage of this bill. It is similarly assumed that the majority of municipal employee health plans currently explicitly requires physician referral and/or prior authorization of these services, or would seek to impose these restrictions upon passage of this bill. Therefore, it is anticipated that no appreciable municipal cost will result from its passage.

The bill makes failure to comply with continuing education requirements a cause for disciplinary action by the Board of Examiners for Physical Therapists. Per Section 19a-17 CGS, disciplinary action may include assessment of a civil penalty of up to \$10,000.

It also requires the Department of Public Health to provide forms for use by physical therapists when applying for a waiver from continuing education requirements, or an extension of time to

complete continuing education requirements. The agency will be able to do so without requiring additional resources.

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$	FY 11 \$
Public Health,	GF - Revenue	Potential	Potential	Potential
Dept.	Gain	Minimal	Minimal	Minimal
Comptroller	GF - None	None	None	None
Misc. Accounts				
(Fringe Benefits)				

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 09 \$	FY 10 \$	FY 11 \$
Various	Cost	See Above	See Above	See Above
Municipalities				

OLR Bill Analysis sSB 164

AN ACT CONCERNING PATIENT ACCESS TO PHYSICAL THERAPY.

SUMMARY:

This bill allows physical therapists meeting certain standards to treat patients directly, without referral from another health care practitioner. But under three conditions it requires a referral. The bill specifies procedures a physical therapist must follow in treating patients directly. It specifies that "physical therapy" does not include surgery; prescribing drugs; or diagnosing disease, injury, or illness.

The bill (1) specifies acceptable continuing education activities; (2) authorizes the Board of Examiners for Physical Therapists to take disciplinary action, including license suspension or revocation, against a physical therapist who fails to comply with continuing education requirements; and (3) modifies the process for seeking a waiver from continuing education requirements.

EFFECTIVE DATE: October 1, 2006 for sections 1, 3, 5, and 7; the later of October 1, 2000 or the date notice is published by the DPH commissioner in the Connecticut Law Journal that the licensing of athletic trainers and physical therapist assistants is being implemented for sections 2, 4, and 6.

DIRECT ACCESS TO PHYSICAL THERAPISTS

Under current law, physical therapists can only treat patients referred to them by a physician, podiatrist, natureopath, chiropractor, dentist, advanced practice registered nurse, or physician assistant, except in the case of wellness care. However, they can provide wellness care to anyone without symptoms of illness or injury, with or

without referral from one of these health care providers. "Wellness care" means services related to conditioning and fitness, strength training, workplace ergonomics, or injury prevention.

This bill allows a licensed physical therapist to treat human ailments without an oral or written referral if he:

- 1. has practiced physical therapy for at least three out of the most recent six years of his clinical practice or earned a master's or higher degree in physical therapy from an accredited institution of higher education;
- 2. requires the patient to disclose or confirm the name of his primary care provider or provider of record the first time he treats him without referral;
- 3. provides information to anyone seeking treatment about the need to consult with his primary care provider or provider of record regarding the person's underlying condition if it is prolonged, does not improve within 30 days, or still requires continuous treatment; and
- 4. refers the patient to one of the licensed practitioners listed above if, after examination or reexamination, the condition for which the patient sought physical therapy does not show objective, measurable, functional improvement in any 30-day consecutive period or at the end of six visits, whichever occurs sooner.

REFERRALS REQUIRED FOR PHYSICAL THERAPY

The bill establishes three conditions under which an oral or written referral is required before a person can receive physical therapy. The physical therapist:

- 1. does not meet the above standards for direct access,
- 2. is required to perform a Grade V spinal manipulation but does not hold a PhD in physical therapy from an accredited

university or have proof that he has (a) completed 25 hours of course work in Grade V spinal manipulation that meets the Physical Therapy Board of Examiners' minimum standards and (b) three years experience in such treatment, and

3. knows the condition for which the patient is seeking treatment is connected to a job-related injury.

A physical therapist does not violate the requirement for a referral to treat work-related injuries if he asks the patient about the source and nature of his condition and the patient does not disclose that it "arose out of and in the course of the patient's employment." This term encompasses an accidental injury or occupational disease that started while the patient was working at the employer's work site or elsewhere at the employer's direction. For a police officer, firefighter, and certain Department of Correction employees, it includes travel to and from home and work.

As under current law, the referral must come from one of the practitioners listed above. Under the bill, the person may be licensed in Connecticut or any state whose licensing requirements meet Department of Public Health (DPH) standards and those of the appropriate examining board in this state. Current law recognizes referrals from in-state practitioners and out-of-state practitioners from bordering states whose licensure requirements are approved by a Connecticut examining board.

CONTINUING EDUCATION

The law requires licensed physical therapists to complete 20 hours of continuing education during each 12-month registration period in order to renew their licenses. The bill specifies that courses offered or approved by the Connecticut Physical Therapy Association are considered qualifying continuing education activities.

Physical therapists completing continuing education activities must get a completion certificate from the provider of the activity. Currently, a physical therapist must submit the certificate to the DPH

upon request. The bill requires submission within 45 days after DPH requests it.

By law, DPH can grant a waiver or time extension for completing continuing education requirements in the case of medical disability or illness. The bill requires the licensee to submit a waiver or extension application to DPH, certification by a licensed physician of the disability or illness, and any other documentation DPH may require. It allows DPH to grant the waiver or time extension for up to one registration period, rather than for any time period. DPH can grant additional waivers or extensions if the disability or illness continues beyond the waiver or extension period and the licensee applies to DPH for that additional period.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Yea 19 Nay 7 (03/20/2006)